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Newsletter Spotlight



MSCs participate in a multi-national partnership during PP-18 (see page 10).

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FROM THE MSC DIRECTOR



Greetings MSCs! I was reviewing notes that I had made from a lecture I had the privilege of listening to from the 23rd Secretary of the Air force, Ms. Debra James, where she provided her "Top 10 lessons (in life)". She has excellent insight, and I thought her lessons would be great to share with you.

If you have heard me speak, her Lesson #1 should be familiar: "Be prepared to zig-zag in life and have a plan". I say "We all have a shelf life," but it is the same message. For many of you that "shelf life" is your initial obligation, and for others you will stay longer and make the Navy a career – 20 years or longer. It is great to set a goal and create a plan to reach that goal. However, I would argue that Ms. James' words of wisdom to be prepared to "zig-zag" is sage advice. Some of my best tours and experiences in the Navy were not on my list or in my plan, but I am better for taking the jobs that made me a little bit uncomfortable and made me grow. Lesson #2: "Seek out a mentor/be a mentor"; and Lesson #3: "Build and value a network". Both of these lessons are in keeping with our Corps values. It is our heritage to mentor and build a network of MSC professionals. We should be fostering our replacements and nurturing our peers – knowledge attainment comes and goes in all directions.

Lesson #4: "Build competence - continue learning". Not one Medical Service Corps Director in our history has passed an opportunity to push this lesson. Competence and learning are core attributes of excellence. Never stop learning! Lesson #6: "Be a role model for the way you want others to behave". No more needs to be said about that. Lesson #7: "Integrity should be your foundation." It should be without saying, but if you are not sure what you should do, ask if you would like to read about your actions on the front page of the Washington Post? Lesson #8: "Persistence pays off and relentless follow-up." My Godson's elementary school has a sign that says "FAIL: First Attempt in Learning." Be persistent in following your goals, don't let a minor setback derail you.

Lesson #9: "Have some balance". This one is always challenging, but I believe that is individually driven, and only you can decide what balance looks like in your life. I find physical exercise, healthy eating with a little bit of chocolate, and meaningful relationships keep my balance. Last lesson, Lesson #10: "Be upbeat". CAPT Stiff is my role model in this life lesson, look for the joy, the positive in each scenario or situation. You will find it in your work and the Navy every day, regardless of the challenges. The opportunities to be joyful are boundless and infinitely rewarding.

I am immeasurably proud of the work that is being accomplished by each of you in our Corps today. Reflect on Ms. James' lessons – they are good ones. All my best!

#18



CUSTOMS AND HERITAGE

MEMORIAL DAY MESSAGE: OUR AMERICAN SAILOR FROM ADM. JONATHAN GREENERT, THE 30TH CHIEF OF NAVAL OPERATIONS



ADM J. Greenert

"Our Sailors are among the brightest, most committed and courageous individuals our nation has to offer."

Below is a letter the former Chief of Naval Operations sent to the Hill recognizing our U.S. Navy Sailors for their Memorial Day tribute.

Shipmates,

Though the U.S. Navy is made up of ships, submarines and aircraft, its true strength lies in the skill and dedication of its people. As the chief of naval operations, it is my honor to lead the 625,000 active and reserve sailors and civilians who propel the Navy forward and protect our nation's security and prosperity. As we prepare to mark this Memorial Day, it is a privilege to recognize the service and sacrifices of your American sailors and their families.

Our sailors are among the brightest, most committed and courageous individuals our nation has to offer. They are the sons and daughters of America, representing every state and territory as well the rich heritage of a diverse nation. In my travels around the Navy, I am continually reminded of how different perspectives and backgrounds come together to form our Navy team. They are a team that is committed to operating forward and being ready to respond.

From their first year in the Navy, sailors and their families quickly gain an appreciation for what it means to serve. Deployments abroad for several months at a time and emergent operations in response to dynamic world events form the routine of their lives. While they keep the watch overseas, sailors often miss birthdays, anniversaries and other family milestones. I am impressed by their endurance and resilience, which sustains our Navy's forward presence on land and at sea around the globe. It is the sacrifice of the sailors and their families that supports the high demand of today's Navy and our many missions.

Today more than half of our 285-ship Navy, including five aircraft carriers and six large-deck amphibious ships, are deployed overseas or at sea getting ready to deploy. We have more than 20,000 sailors supporting operations in the Middle East. Of that number, more than 17,000 sailors are at sea, and about 4,500 are serving on the ground in Afghanistan. Navy aircraft provide about a third of the air support for U.S. and NATO forces in current campaign to secure Afghanistan.



Hospital Corpsman 1st Class Milas Sturdivant checks in with one his departmental leading petty officers to ensure clinic operations are running smoothly at Branch Health Clinic Parris Island, S.C. (Photo by Regena Kowitz)



*"I am proud of their
heroism as they serve
throughout the world."*

MEMORIAL DAY MESSAGE: OUR AMERICAN SAILOR

As part of the world's preeminent maritime force, American sailors are engaged in protecting the interconnected systems of trade, information, and security that support our economy and those of our friends and allies. They are also on watch to keep the peace in volatile regions and support our diplomatic efforts. In many places, the American sailor is the face of U.S. global leadership, maintaining trust that sustains our partnerships and alliances as well as demonstrating unshakable resolve that deters aggression.

This is today's all-volunteer force and today's military family. We are grateful that so many high-caliber young Americans have answered the call to serve. But we are also mindful of, and pay tribute to, those who shaped our nation's history and paid the ultimate sacrifice. Indeed, freedom is not free. Our rich heritage has demonstrated the importance of having capable sailors willing to go into harms way. We must never forget these sailors and their families for their sacrifice and dedicated commitment to their country.

I am very proud of their heroism as they serve throughout the world. The knowledge, high standards and productivity required of them, in some of the most challenging environments, prove how exceptional they truly are. So, as we recognize their service during this Memorial Day, I am confident that the spirit and passion of your American sailor will never be forgotten.

JONATHAN W. GREENERT

Admiral (RET), U.S. Navy



Sailors aboard the Nimitz-class aircraft carrier USS Carl Vinson (CVN 70) man the rails while passing the USS Arizona Memorial as the ship arrives in Pearl Harbor, Hawaii. (U.S. Navy photo by Mass Communication Specialist 2nd Class James R. Evans).

Surgeon General's Leadership Symposium: A JO's Perspective

(An opinion piece from an outspoken JO.)



LT Jessica Atterbury with the Chief of Naval Operations, Admiral John Richardson, at the Surgeon General's Leadership Symposium on April 24, 2018. Respecting the CNO's progressive thought, LT Atterbury requested to be considered as RADM Moulton's replacement. She is still awaiting her appointment letter.

Cynic isn't necessarily the word I would apply to myself. Inquisitive skeptic – that sounds a bit more optimistic and explanatory of my consistent quizzical nature into motives. So when I heard the BUMED was accepting volunteers for the Surgeon General's Leadership Symposium (SGLS), I grasped the opportunity. SGLS is an annual symposium with all the bigwigs in attendance: all of Navy Medicine's Corps Chiefs, Commanding Officers, Command Master Chiefs, and Bureau Head Staff. Knowing the audience and the speakers (SecNav, CNO, CMC to name a few), I saw this as an opportunity to gain traction to my consistent internal inquiry... "What do our leaders really talk about? What are they saying to each other that they don't pass down to us? What do they think they are doing, that from a JO's perspective, we don't think they are?"

Before going into my perspective, let me first tell you that this will not be one of those classic articles with the conclusion that the veil has been lifted from my eyes and I now recognize that we must blindly trust our leaders for they have the best intentions. Rather, I'll stick to my true nature of being a bit outspoken and perhaps a bit non-politically correct. I mean... this is an opinion piece; and it was my outspoken nature that got me tasked with this article. So the leaders want the truth... right?

Let's get started.

Let me first clarify it was obvious our leaders have the best intentions for Navy Medicine and its service members. As discussions of NDAA and MedMACRE progressed, it wasn't "Well what about my numbers?" It was "How do we do what is best for our patients?" or "What type of career advice do we give our Officers and Sailors with this transition?" Positivity was not lacking, yet recognizable was the fact that the shift from a beneficiary to an operational focus for some had not yet reached acceptance in their stages of grief.

Leadership's concerns were no different than those of a JO: The bureaucracy is a thorn in their side when it comes to change; trying to understand how our members are going to "pay" the operational bill and the beneficiary bill was a concern (something must give); and a feeling of apprehension on the best career advice to give JOs in this transitional period. All valid concerns. All concerns I have heard other JOs speak of, yet have minimally heard leadership discuss with their JOs. (Please note that I have stated "discuss" implying a conversation, not just the passing of information.)

In multiple occasions it was stated by the SG and DSG, "when you discuss [SGLS] with your Sailors..." I would have preferred "you *must* discuss SGLS with your Sail-

ors." The conversation should not be assumed. I have no doubt that leadership exists who make this effort, yet there are those that simply do not. Those that pass the information to their Directors or Department Heads to continue the path of communication, I urge you not to assume this occurrence. Follow up and ensure it is done right. By the time this article is released it will be a month a half since SGLS. To those reading who attended, ask yourself if you discussed it with your staff. If not, what are you waiting for? The longer you wait, the more it will be pushed to the side and forgotten. Opportunity will be lost. Frustration will grow.

An additional reason I use the word "discuss" is all too often only the highlights are provided. *Don't deviate from the details.* We can't be transparent with our Sailors, if you aren't being transparent with us. I have never believed that knowing the "why" or "how" in the military was a new generational concept. In my experience, I have found it to be a leadership construct that improved buy-in and trust, no matter which generation you are a part of.

Five generations are now serving across the six Corps' of Navy Medicine. Generational change and expectations are a topic of conversation not only in the military, but the civilian sector. Recruiting and retaining the best talent in a time when -

Surgeon General's Leadership Symposium:

A JO's Perspective

(An opinion piece from an outspoken JO.)

"I surround myself with people who are outspoken, aggressive, and brilliant." -Jack Welch, retired CEO of General Electric.

our Navy is growing warrants . a new initiatives. The CNO and CNP spoke of moving into the cloud and joking that the Navy still uses code written from Grace Hopper (I really hope that was a joke). They spoke of instituting various and even the possibility of expanding spot promotions and monetary bonuses to Sailors applications for your phone to make travel and PCS moves easier, and even the possibility of expanding spot promotions and monetary bonuses to Sailors. Wonderful initiatives where my skeptical self pops up and says "Well, I won't see this before I retire." After I internally course correct myself to be more positive, the conversation shifts to initiatives that can presently be done to assist our JOs today. Naturally, it steered to the topic of mentorship.

The SGLS discussion of mentorship and the small group discussions that took place is not an easy one for me to tackle in this article. Simply, the frustration amongst multiple JOs who observed was palpable following the mentorship conversations. The main culprit for this frustration – a feeling of disregard for a JO's opinion on how to make mentorship better for a JO. In no way do I disregard peer to peer conversation on strategic intervention or implementation of leadership. Peer review can be helpful... to an extent. It is junior to senior review or employee feedback that will surface hidden issues, reveal positive/toxic cultures, or at least diminish any open ended concerns of morale. The topic of

mentorship in relation to its improvement is no different. Ask the right questions to the right people. All JOs have an opinion based off of our varying experiences; however, not all make it known. Not all are outspoken.

I will just leave it at that. Ending on a positive note, there were two simple yet intriguing/amusing observations I found:

1. There are a few leaders out there who respectfully say it like it is. A quality I find most admirable in Navy Medicine these days. The often exaggerated "everyone has your best interest in mind" turned to "whoever has the money will decide our future" and to conversations of the reality that the U.S. Navy just doesn't understand Navy Medicine. It was refreshing. For that I would like to personally thank Dr. Michael Malanoski, Executive Director of BUMED, and RDML Tina Davidson, Director of Medical Resources for OPNAV, for their historical context and perspective in their discussions.

2. The SG is the consummate professional. As the SecNav was speaking of a potential transition of the military health system to the civilian sector (to be similar to the British), I was fortunate to sit only a few chairs from the SG. Unbeknownst to him (until now), I constantly kept looking at his face for emotion. He was stone faced; every now and again flashing his classic SG smile. I found it immedi-

ately impressive. I also immediately recognized I was giving the SecNav the stink eye. I quickly fixed that.

Perhaps my expectations are too high. Perhaps too critical. Personally, I feel this operational transition will help us as Naval Officers bring back into focus our greatest asset; our people. Small unit leadership will grow. The mask of acting like a middle manager will be removed to show the true face of our leadership capabilities. Perhaps this will occur. Perhaps not.

To steal a line from Ulysses S. Grant, "My failures have been errors in judgment, not of intent." If only one individual reads this and recognizes a lapse in leadership or if one person surmises a comeback on why I am terribly wrong, then it was all worth it. That comeback will at least mean someone instituted some critical thought to my opinion. (I now have a strong feeling I will be receiving multiple emails.)

Outspoken is a word applied to me often. It has provided me with more positive experiences than negative; hopefully, this article will fall under the former. Jack Welch, retired CEO of General Electric, once stated, "I surround myself with people who are outspoken, aggressive, and brilliant."

Two out of three ain't bad.

OBSERVATIONS OF OFFICER-IN-CHARGE THROUGH THE LENS OF THE ENTERPRISE

BY: LCDR DEEPAK DEVASTHALI



Serving as Officer-in-Charge continues to be my distinct honor and privilege. After a year now, I have gained the following perspective that might be of some value to colleagues and leaders:

Positives:

The education gained in areas such as pharmacy operations, dental and relationships with the line community has been a significant developmental milestone. It has forced me to think about and be mindful of Navy Medicine's significance within a broader operational context. I have come to learn that if we are able to support our line community, they can be our biggest advocates. When the Surgeon General is made to articulate the need for our existence, no one can make a point better than those we serve. Similar to our senior leadership, I too share the vision of Navy Medicine becoming the first choice of care for

our patients.

As I am sure a lot of our colleagues would agree it matters to our Sailors that they have a leader that cares about them, our patients, and is willing to uphold our core values.

A realization for me, which I have seen materialize is that at some point in your tenure, the Clinic takes on your personality.

It was articulated to me before, but seeing it happen was quite the 'ah-ha!' moment. This requires that you be prepared to give it your best every day. Sailors and staff are watching, and if you are not motivated they will not go the extra mile to help a patient. The Sailors of tomorrow will demonstrate what we teach them today, this became apparent to me more so this past year than it ever has in my past years of service.

Opportunities: for Improvement:

Responsibility without authority; chapter 8 of the Navy Regulations provides that Commanding Officers or Officers in Charge should exercise leadership in order to achieve a positive, dominant influence on the performance of persons in the Department of the Navy. I think a lot of my fellow OICs would

agree with me that it is difficult to inspire when we are not in a position to validate or discipline our Sailors. The OIC's authority to determine operational priorities and their authority over their staff should not be superseded without cause. As an example I submit that not having the ability to evaluate/rank individuals under our charge during the various ranking boards has been a difficult experience. While I am not insisting that all OICs be the reporting senior, the ability to split all evaluation and fitness report rankings under UICs recognized within the SNDL should be the norm in a milestone environment. If validation through evaluations and fitness reports are to accurately reflect performance, there is a better chance of it happening when appraisals and rankings occur within the organic clinic leadership structure. Similarly, all personnel decisions on Sailors within a branch medical clinic should be the responsibility of the officers in charge and the organic SELs.

(Continued on page 7)



LCDR Deepak Devasthali is the Officer in Charge of Naval Branch Health Clinic Fort Worth, Texas. He is a fellow of the American College of Healthcare Executives and has served in various capacities within NH Oak Harbor, 1st Medical Battalion, USNH Okinawa and Navy Personnel Command. He has been in his current assignment since August 2016.

Any AMD validation or discussion on orders should not be at the echelon 4 (ISIC) level. One reason for this recommendation is that we need to have a strategic view on billets. With the imminent changes to military medicine on the horizon, it is vital that senior leadership have a true sense of their needs and an accurate estimate of their inventory. With the current procedures, it is more likely than not that a milestone OIC is better positioned to provide this information than any manpower element at the echelon 4 commands. For example, if an OIC at an MTF identifies a need to add staffing to a product line, the most efficient route for satisfying this need would be to route the request should go through the echelon 4 command only if there are disruptions to the AMD at that level. The risk of not having such a set-up is that the rigidity of our structure takes over and change becomes that much harder to effect. As we explore effi-

ciencies in our march towards high reliability, it is important to show this level of trust as we groom our future leaders. John W. Kingdon discusses the convergence of streams (problem, policy and politics), that present windows of opportunities. By trusting the OICs we have the opportunity to reduce the number of streams that require convergence to make progress. The role of a DBC should be re-assessed at commands with fewer than five branch clinics, milestone OICs should be allowed to report directly to the executive officers. Milestone OICs should at a minimum be on par with the Directors. If we are to realize our Surgeon General's vision of being an adaptive force, we should move towards reducing administrative barriers inherent to our structure. This allows swifter decision-making and the requisite agility to re-source, train and equip our Navy medicine team. For

example, in a scenario where one is trying to make changes to the existing infrastructure or envision a future product line, not having an OIC-XO link reduces the speed with which changes can be realized.

Conclusion:

A frequent question I get from colleagues is if they should put their names in the hat to be DFAs or OICs. My experience being a DFA is limited to my time in Oak Harbor when I was in an acting capacity, so I will admit to my limitation to properly opine on the issue. But from what experience I have gained, I have found that being an OIC offers a broader knowledge base while being a DFA under the current environment offers more authority. The choice is yours.

RESERVE UPDATE

LCDR CUARÓN RETIRES AFTER 37 YEARS OF SERVICE



LCDR RODOLFO A. CUARÓN, MSC, USN retired on December 31, 2017 after a total of 37 years of active duty and reserve ser-

vice.

LCDR Rodolfo A. Cuarón, a native of El Paso, enlisted in the United States Navy in September 1980. Following completion of basic training at Recruit Training Command San Diego, California, he reported to Naval Health Sciences Center San Diego, California, completing Hospital Corpsman "A" school, and graduating with distinction. LCDR Cuarón went on to Fort Sam Houston School of Health Sciences where he completed the Basic Laboratory "C" school. After graduation, he

received orders to the Naval Branch Clinic Lab Department, Naval Air Station Meridian, Mississippi. LCDR Cuarón left active duty in 1984 and returned to El Paso where he joined the Navy Reserve. Assigned to Fleet Hospital Dallas Naval Medical Reserve Unit, LCDR Cuarón's assignments included the following assignments: Assistant LPO, LPO, Training LPO. Upon selection to the rank of E-7 as an HMC he took upon the role as the unit's SEL.

LCDR Cuarón obtained his Bachelor's Degree in Medical Technology from the University of Texas at El Paso in 1988. Mobilized from January to August 2003 to Naval Hospital Corpus Christi, he was assigned as the SEL for the Education and Training department. LCDR Cuarón obtained his commission as an Ensign in the United States Navy in May 2004.

As an officer, LCDR Cuarón held the following assignments as a member of Expeditionary Medical Facility Dallas One, Detachment G: Assistant Officer in

Charge (2 tours), Interim Officer in Charge (1 tour), Officer in Charge (1 tour), Assistant Training Officer (1 tour), Training Officer (2 tours). LCDR Cuarón's Annual Training notable assignments are as follows: TO (Honduras Medical Readiness Training Exercise), AOIC (Panama MEDRETE), AOIC (Honduras MEDRETE), TO (Golden Coyote Field Exercise), Medical Training Liaison (Dominican Republic), AOIC (Golden Coyote FE), ADMIN Officer (Golden Coyote Field Exercise).

In addition to his leadership contributions, LCDR Cuarón's artwork was used multiple times for tee shirts for exercises, and his design was recently chosen for the command morale tee shirt for EMF Dallas One.

His personal decorations include the Navy and Marine Corps Achievement (three awards).

2018 MSC AWARD OF EXCELLENCE FROM AMEDD



Falls Church, VA - Army Medical Department (AMEDD) Junior Officer Week (JOW) recognizes outstanding junior Medical Service Corps (MSC) officers who have made significant contributions to the AMEDD mission and performed in an exceptional manner. Since 1982, the Chief, MSC, has presented an Award of Excellence (AOE) to these outstanding junior leaders to recognize their achievements and

encourage future contributions to the Corps. In 2018, the program expanded to recognize MSC officers selected by their Corps from the Navy, Air Force and Public Health Service.

COL Marion Jefferson, AMEDD, Deputy Chief, Medical Service Corps and MG Michael O'Guinn, AMEDD, Deputy Surgeon General for the Army Reserve, present LT Shelli Green, Medical Logistician

and LT Jason Beard, Physician Assistant with the 2018 MSC Award of Excellence for exceptional performance and significant leadership contributions to the Navy MSC community. LT Green and LT Beard are the first Navy MSC Officers to receive the award since the program's inception.

"LT Green and LT Beard are the first Navy MSC officers to receive the awards"

FROM THE DETAILERS

Projected Rotation Date (PRD) Extension Information

For MSC Officers, PRD extension requests are submitted to PERS-4415:

- All requests should be emailed along with your Command's endorsement to the PERS-4415 email address: pers_4415_prds@navy.mil
- DO NOT include your Social Security Number (including last 4) in a PRD extension request.
- Please include a Command Point of Contact (POC). All PRD extension approvals or disapprovals from PERS-4415 will be sent to the requesting Officer and this Command POC via e-mail.

Please utilize the links below for more information. We have included a sample request letter template. Please do not hesitate to contact us if you have any questions.

MILPERSMAN 1301-104

<http://www.public.navy.mil/bupers-npc/reference/milpersman/1000/1300Assignment/Documents/1301-104.pdf>

PRD Extension Request Template:

http://www.public.navy.mil/bupers-npc/officer/Detailing/rlstaffcorps/medical/documents/prd_extension_request_template.docx

NEW SENIOR MSC & CLINICIAN DETAILER

PERS-4415 welcomes CAPT Shane Vath & CDR Steve Griesenbeck who are coming to us after completing tours at Naval Hospital Okinawa, Japan and 3D Medical Battalion, respectively. CAPT Vath is in the process of turnover with CAPT Jody Dreyer. His phone number will be 901-874-3756 and his email will be distributed once an account is established. CAPT Dreyer is transferring 8 June to USNS Comfort (T-AH 20) where he will report as the XO. We would like to wish both CAPT Dreyer and CDR Wilhite fair winds and following seas! Bravo Zulu for a job well done!



MSC Detailers

CAPT Shane Vath (Senior MSC Detailer/HCC/Med Techs)

Email TBD

(901) 874-3756

CDR Rona Green (HCA)

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CDR Steve Griesenbeck (HCS/PAs)

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SPECIALTY SPOTLIGHT POMI



The Plans, Operations, and Medical Intelligence Community is by far the most operationally relevant group of Medical Service Corps Officers in the Navy. Their impactful performance and leadership are far reaching and around the globe. They are present within the Combatant Commands, the Fleet, and the Fleet Marine Force. POMIs are a community of highly specialized officers who serve as the operational bridge between the medical and warfighting communities. They are well versed with strategy, doctrine,

planning processes, and medical capabilities. POMIs provide a medical link between the administrative, operations, plans, and logistics sections of a commander's staff. This interaction provides the POMI with a unique skill set who commanders rely upon to build and maintain effective health service support capabilities to support operations, particularly when working in a coalition or joint environment.

As planners, POMIs are embedded in command staffs throughout the spectrum of military commands and must comfortably operate on the strategic, operational, and tactical levels of war. Literally from entry level tactical planning, POMI officers shape the environment providing the



valuable guidance in the establishment of medical capabilities, linking resources of other commands and Services, coordinate evacuation capabilities, establishment of re-supply mechanisms, and the development of casualty accountability mechanisms. At the operational level, POMIs function in Component headquarters, developing operational plans to address the larger war fight. They aggregate tactical level plans across vast regions, mitigating shortfalls, identifying gaps, and coordinating actions for

Plans, Operations, Medical Intelligence (POMI)

Subspecialty Code = 1805

Billets = 177

End Strength = 107

(Primary), 123 (Secondary)

Reserve Billets = 6

End Strength = 21

SPECIALTY SPOTLIGHT

POMI



function in Component headquarters, developing operational plans to address the larger war fight. They aggregate tactical level plans across vast regions, mitigating shortfalls, identifying gaps, and coordinating actions for their commanders. At the strategic level, POMIs coordinate amongst all Services for the provision of health service support for the Combined or Joint force. Strategic planners bring to bear all capabilities which a Combatant Command (COCOM) has available/apportioned to assist the commander in prosecuting his war plan. It is an awesome responsibility!

Operationally, POMIs at all levels have the opportunity to perform vital functions across the range of military operations. Whether deployed or working from an operational command center, POMIs shape, request, deploy, and employ the medical capabilities of the Services to meet the demand signals of their commander. These operations may range from supporting a humanitarian or disaster relief mission, to supporting Defense Support to Civilian Authorities, fleet deployments, or execution of a Fleet or COCOM plans. A successful POMI officer is one who makes things happen, executing the plan or making in stride adjustments; requesting, flowing,

and employing health service capabilities where ever they are needed. POMIs get it done!

As medical intelligence personnel, POMIs can provide medical intelligence assessments based on a rigorous analysis of the operating environment, available data, input from other community SMEs, and experientially. By utilizing a variety of public health and intelligence sources the POMI defines the operational environment and its effects on health service support operations, evaluates the operational environmental threats, and determines courses of action to meet actual and potential threats to the force. This information can then be utilized to provide the commander an accurate health threat picture to support their common operating picture for their plan and/or their operation. This information will also assist in providing mitigation strategies for the commander or medical support staff on potential treatment regimens, utilization of various chemoprophylaxis, industrial threats affecting targeting, and the like. POMI officers can function in medical intelligence roles at all levels to include the National level where they receive, process, analyze and distribute medical intelligence products.

In summary, the POMI Community is present within all COCOMs, Fleets, MEFs, Service Headquarters, Joint Staff, Office of the Secretary of Defense, Defense Intelligence Agency, NATO, Command, and a variety of niche positions. POMI Officers avail their

respective commanders and commands of a vast set of tools to aid in the successful prosecution of the war fight, whatever that fight may be. POMI Officers are the planners of choice in the Joint environment and are the first personnel to get access to critical school seats putting them on par with their line counterparts. The POMI Community offers its members multiple clear career paths from Lieutenant to Captain through a variety of assignments and opportunities worldwide. Because of its impact, opportunities, career development, and global reach, the POMI Community is clearly the BEST Community within the Navy Medical Service Corps!



“The Plans, Operations, and Medical Intelligence Community is by far the most operationally relevant group of Medical Service Corps Officers in the Navy.”

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MSCs IN FOCUS



USNS Mercy (T-AH-19) - Pictured Third row (L-R): FLTLT Claire Miles, AUS, Environmental Health Officer; FLTLT Stuart Lowry, UK, Medical Support Officer; LT Tya Rowe, USN, Dietician; LT Richard Thatcher, USN, Healthcare Administrator; LT Niko Vahamaki, USN, Optometrist; LTCDR Mark Middleton, UK, Patient Administrator; CAPT Oliver Britland, UK, Medical Support Officer; LT Jeremy Stacks, USN, Healthcare Administrator; CDR Kibwe Hampden, USN, Healthcare Administrator; LT Katie Faschan, USN, Healthcare Administrator; LT Rohan Jairam, USN, Healthcare Administrator. Second row (left to right): LTJG Ara Gutierrez, USN, Medical Laboratory Officer; LT Krystal Martin, USN, Healthcare Administrator, LT Rachel Sargeant, USN, Physical Therapist; LTJG Marlon Villatoro, USN, Healthcare Administrator; LT Rebecca Pavlicek, USN, Microbiologist, FLTLT Chloe Lowndes, AUS, Environmental Health Officer; LT Fred Nti, USN, Healthcare Administrator. First row (left to right): LT Harmony Larson, USN, Environmental Health Officer; LT Kylie Caraway, USN, Medical Laboratory Officer; LT John Wesner, USN, Industrial Health Officer. (Photo credit HM2 Marc Anthony Remoroza)



USS Abraham Lincoln (CVN-72) - LT Eric Dang, Industrial Hygiene Officer; LTJG Ryan Swensen, Visiting Healthcare Administrator; LT Ryan Bezzant, Radiation Health Officer; LT Ruth Cortes, Visiting Physician Assistant; LT Nnamdi Ohaeri, Ship's Psychologist; LT Stephen Amoah, Healthcare Administrator/Medical Admin Officer; LT John McGinniss, Ship's Physical Therapist.



USS Abraham Lincoln (CVN-72) - Top left picture: LT Eric Dang (IHO) working with Safety Petty Officer - AO1 Korey Dismus on using a sound level meter in an audio booth aboard CVN 72. Top right picture: LT Nnamdi Ohaeri, Ship's Psychologist, counseling a sailor about the challenges of sea duty while exploring the development of adaptive coping mechanisms. Bottom left picture: LT Ryan bezant, Radiation Health Officer, providing radiation physics and TLD procedure training on board CVN 72. Bottom right picture: LT Stephen Amoah (right), Medical Admin Officer, providing mentorship and medical records review training with LTJG Ryan Swensen from Sewell's Point Clinic , Norfolk, on board CVN 72.



Indian Head, MD - Members of Chemical Biological Incident Response Force (CBIRF) pose for a picture after completing a 6-Mile, 40LBS ruck hike in Indian Head, MD for the Fleet Marine Force Officer Qualification (April, 2018). Top Picture (L-R): LCDR Allen Ramos (Industrial Hygienist, MSC, USN), Capt Keith Trojniak (USMC), GySgt Matthew Cartier (USMC), Capt Travis Fanning (USMC), LT Ogo Nwosu (Industrial Hygienist, MSC, USN), Sgt Justin Destin (USMC), CDR Melanie Johansson (Battalion Surgeon, MC, USN). Bottom Left: LT Ogo Nwosu and Sgt Destin of Chemical Biological Incident Response Force (CBIRF) conducting a 6-Mile, 40LBS ruck hike in Indian Head, MD for the Fleet Marine Force Officer Qualification (April, 2018). Bottom Right: (L-R): Sgt Justin Destin (USMC), LT Ogo Nwosu (Industrial Hygienist, MSC, USN)



North Chicago, IL—MSCs volunteer at the Feed My Starving Children event on April 23, 2018. Pictured: CAPT Wendy Pinkham, Physical Therapist; CDR Jared McKendall, Healthcare Administrator; LCDR Baldomero Sagrado, Pharmacist; LT Natasha Houston, Social Worker; LT Carolina Garcia-Leahy, Psychologist; LT Billy Aguirre, Healthcare Administrator; and, LTJG Kristen Chaffin, Physician's Assistant.



Okinawa, Japan - The United States Naval Hospital Okinawa (USNHO) held a Nurse Practitioner/Physician Assistant (NP/PA) day on March 1st 2018. LT Rachel Ames (PA) and LT Erica Kaheakuenhada (PA) conduct auricular battlefield acupuncture training.



Perry, GA - Bottom left: LCDR Allen Ramos, Industrial Hygiene Officer, shows LT Ogo Nwosu the proper response techniques in the Alert Command Element of Chemical Biological Incident Response Force (CBIRF) during Operation Vibrant Response. Bottom right: LT Ugo Nwosu, Industrial Hygiene Officer from the Chemical Biological Incident Response Force (CBIRF) running uphill while conducting a 6-Mile, 40LBS ruck hike for the Fleet Marine Force Officer Qualification (April, 2018).



Jacksonville, FL —Picture on left: CAPT Jeff Stancil, Entomologist, receives the Meritorious Service Medal from CAPT Todd Wagner, MC, Commander, Navy and Marine Corps Public Health Center for his service as Officer in Charge of the Navy Entomology Center of Excellence. Picture on right—May 11, 2018 CAPT Todd Wagner, MC, CDR Katie Barnes, Entomologist, and CAPT Jeff Stancil at the Navy Entomology Center of Excellence Change of Charge ceremony where CDR Barnes relieved CAPT Stancil as Officer in Charge.



April 2018 Crossword Puzzle

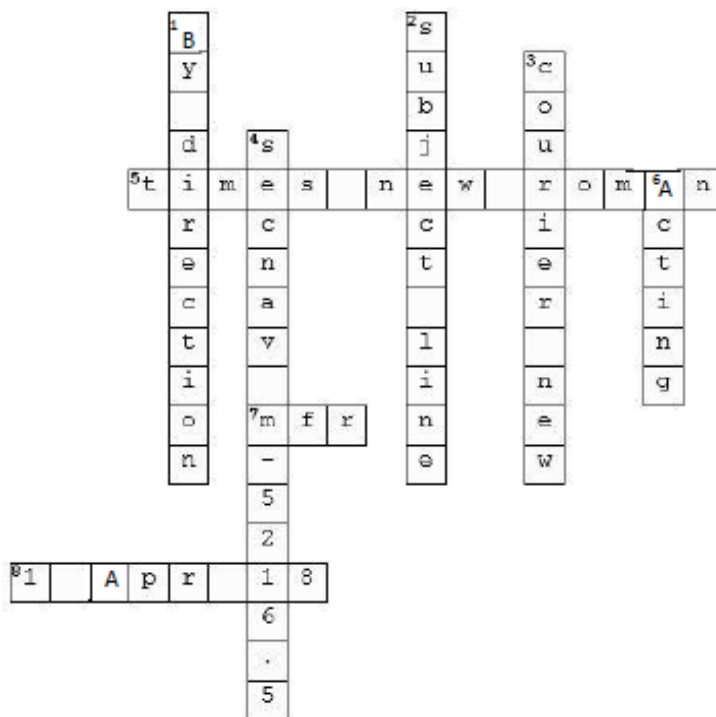
WINNER: LT Prince K. Tailey, FACHE, MSC, USN

Across

- 5 Font text used for official correspondence
- 7 An internal document to record supporting information in the record that is not recorded elsewhere (Abbreviated)
- 8 Express the following date, which is to be part of the sender's symbol on a naval correspondence letter: April 1, 2018 (Hint: Spelling/capitalization is important)

Down

- 1 An individual who signs correspondence under delegated authority will use this term, which will be typed below their name when signing documents under this delegated authority (Hint: Spelling/capitalization is important)
- 2 Consists of a sentence fragment that tells readers what the letter is about on a correspondence letter
- 3 Font text may be used for informal correspondence
- 4 Department of the Navy, Correspondence Manual
- 6 In the absence of the commander/commanding officer/officer in charge, and where specifically authorized by law or regulation, an officer who temporarily succeeds to command shall sign official correspondence with this term typed below their name (Hint: Spelling/capitalization is important)



May 2018 Crossword Puzzle

By: LT Rommel Rabulan

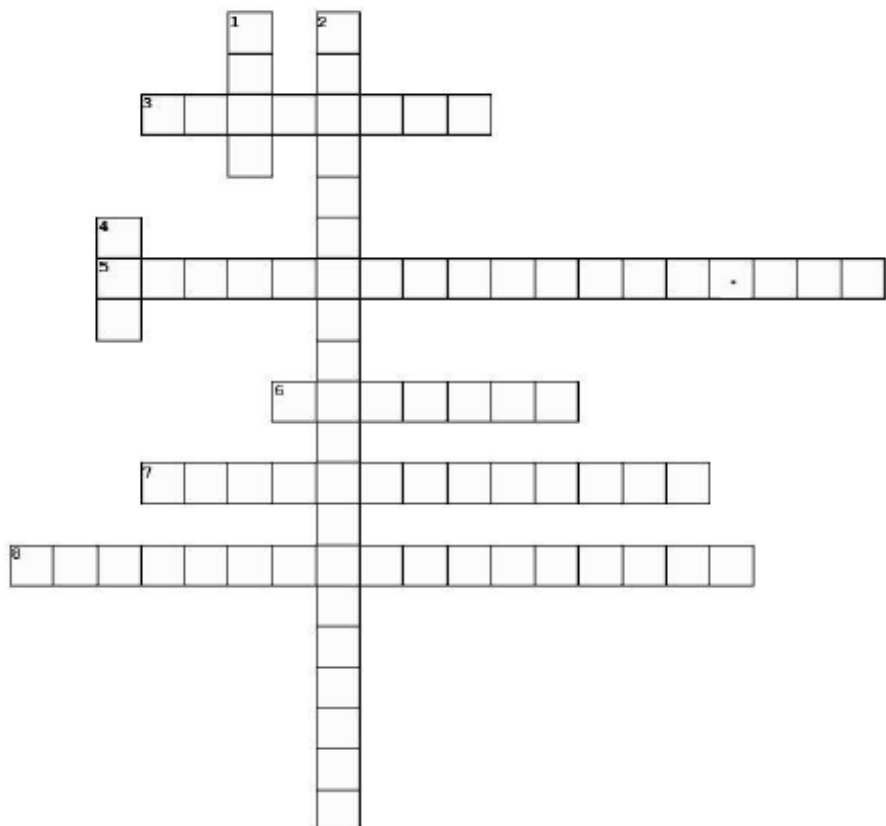
Answers DO NOT have spaces

Down

- 1 Reporting Seniors must retain copies of FITREPS on all officers and CHIEFEVALS on all CPOs for at least how many years? (Hint: spell out)
- 2 Blocks 1, 3-19, blocks 22-26, block 44 (FITREP/CHIEFEVAL) or 48 (EVAL).
- 4 How do you annotate the following PFA results in Block 20 of a(n) EVAL, CHIEFEVAL, FITREP?
 - Passed Cycle 17-1;
 - Passed BCA for Cycle 17-2, but was authorized non-participation in the PRT for other than medical waiver reasons;
 - Failed 18-1 due to exceeding maximum body fat standards

Across

- 3 When are Ensigns scheduled to conduct their Mid-term counseling?
- 5 Navy Performance Evaluation System Instruction
- 6 Whenever possible, the rater for E5-E6 should be?
- 7 What type of report does an enlisted Sailor need due to Reduction in Rate?
- 8 What type of reports provide a record of significant achievement that was not directly observable by the regular reporting senior for Active Duty and FTS members who serve on Additional Duty (ADDU) or Temporary Additional Duty (TEMADD) orders?



Scan and email your answers to rommel.r.rabulan.mil@mail.mil. The winner will be recognized and answers provided in the next edition of The Rudder.

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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